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Bib Data Sheet

CONFIRMATION NO. 4907

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|-----------------------------|------------------------------------------------|--------------|------------------------|------------------------------------------|
| SERIAL NUMBER 10/677,753 | FILING OR 371(c) DATE 10/03/2003 RULE | CLASS 375 | GROUP ART UNIT 2611 | ATTORNEY DOCKET NO. XSI.067 / 10X-201 |
|-----------------------------|------------------------------------------------|--------------|------------------------|------------------------------------------|

APPLICANTS

Richard D. Roberts, West Melbourne, FL;

** CONTINUING DATA *****

This application is a CIP of 10/623,804 07/22/2003 which is a CIP of 10/367,834 02/19/2003
 which claims benefit of 60/357,638 02/20/2002
 and claims benefit of 60/397,105 07/22/2002 *EDS Yes 3*
 and claims benefit of 60/397,104 07/22/2002
 and claims benefit of 60/398,596 07/26/2002
 and claims benefit of 60/415,527 10/03/2002

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

01/07/2004

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|------------------------------------|---------------------------------------------------------------------------------------------------------------------|------------------------|----------------------|--------------------|-------------------------|
| Foreign Priority claimed | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY FL | SHEETS DRAWING 34 | TOTAL CLAIMS 34 | INDEPENDENT CLAIMS 2 |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | | |
| Verified and Acknowledged | <i>Examiner's Signature</i> <i>EDS</i> Examiner's Signature Initials | | | | |

ADDRESS

Patent Department
 XtremeSpectrum, Inc.
 Suite 700
 8133 Leesburg Pike
 Vienna, VA22181

TITLE

Method for making a clear channel assessment in a wireless network

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|-----------------------------|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FILING FEE RECEIVED 1152 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
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